PRINTED: 05/02/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495286	B. WING				0
NAME OF D	ROVIDER OR SUPPLIER	493200	B. WING_	CTREET ADDRESS OUTVICTATE ZID CODE	<u>_</u>	04/	18/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	=		
JAMES RI	VER CONVALESCENT	ENTE		540 ABERTHAW AVENUE			
				NEWPORT NEWS, VA 23601			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
F 000	survey was conducte 04/18/19. The facility compliance with 42 C Requirement for Long emergency prepared investigated during the INITIAL COMMENTS. An unannounced Mesurvey was conducte 04/18/19. Correction compliance with 42 C Term Care requirements.	was in substantial CFR Part 483.73, g-Term Care Facilities. No ness complaints were ne survey. dicare/Medicaid standard d 04/16/19 through s are required for CFR Part 483 Federal Long ents. The Life Safety Code ow. Two complaints were	FC	000			
F 622 SS=E	141 at the time of the consisted of 41 curre closed record reviews Transfer and Dischar CFR(s): 483.15(c)(1) §483.15(c) Transfer a §483.15(c)(1) Facility (i) The facility must p	ge Requirements (i)(ii)(2)(i)-(iii) and discharge- requirements- ermit each resident to	F€	322			5/17/19
ADODATOSY	(A) The transfer or di resident's welfare and cannot be met in the (B) The transfer or di because the resident sufficiently so the res services provided by (C) The safety of indi	nt from the facility unless- scharge is necessary for the d the resident's needs facility; scharge is appropriate 's health has improved ident no longer needs the		TITLE			(X6) DATE

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

05/02/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

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F 622	status of the resident (D) The health of indi otherwise be endang (E) The resident has appropriate notice, to under Medicare or M Nonpayment applies submit the necessary payment or after the Medicare or Medicaic resident refuses to paresident who become admission to a facility resident only allowab or (F) The facility cease (ii) The facility may not resident while the apply 431.230 of this charge notice from 431.220(a)(3) of this discharge or transfer or safety of the reside facility. The facility may that failure to transfer when the facility transfer in paragraphs (c)(1)(is section, the facility mor discharge is docur medical record and a communicated to the institution or provider	re clinical or behavioral; viduals in the facility would ered; failed, after reasonable and pay for (or to have paid edicaid) a stay at the facility. if the resident does not paperwork for third party third party, including the denies the claim and the ay for his or her stay. For a se eligible for Medicaid after or, the facility may charge a le charges under Medicaid; sto operate. On transfer or discharge the peal is pending, pursuant to pter, when a resident ight to appeal a transfer or in the facility pursuant to § chapter, unless the failure to would endanger the health ent or other individuals in the nust document the danger or discharge would pose. The facility pursuant to sent the companies of the circumstances specified (A) through (F) of this ust ensure that the transfer mented in the resident's ppropriate information is receiving health care	F 622			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE COMP	SURVEY LETED
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F 622	(i) of this section. (B) In the case of par section, the specific robe met, facility attern needs, and the service facility to meet the needs, and the service facility to meet the needs, and the service facility to meet the needs. (a) The documentation (2)(i) of this section in (A) The resident's phecial in secessary necessary under particular the section. (iii) Information provice must include a minim (A) Contact information responsible for the case (B) Resident represedent the contact information (C) Advance Directive (D) All special instruction ongoing care, as apperent (E) Comprehensive of (F) All other necessary of the resident's consistent with §483 any other documental a safe and effective to this REQUIREMENT by: Based on clinical recand facility documental failed to convey the secomprehensive plantransfer/discharge for	transfer per paragraph (c)(1) agraph (c)(1)(i)(A) of this resident need(s) that cannot rest to meet the resident re available at the receiving red(s). In required by paragraph (c) required by paragraph (c) required by paragraph (c) required paragraph (c) (1) required by paragraph (c) required by paragraph (c) required paragraph (c) (1) required paragraph (c) required paragrap	F 62	This plan of correction is respe submitted as evidence of allege compliance. The submission is admission that the deficiencies that we are in agreement with the an affirmation that corrections to	ed not an existed or hem. It is	

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F 622	summary indication that to the receiving provincomprehensive care discharge to the local 3/28/19 or as soon as of transfer for Reside 2. The facility staff fair summary indication that to the receiving provincomprehensive care discharge to the local soon as possible to the Resident #52. 3. The facility staff fair summary indication that to the receiving provincomprehensive care discharge to the local emergency department possible to the actual #81. 4. The facility staff fair summary indication that to the receiving provincomprehensive care discharge to the local summary indication that to the receiving provincomprehensive care discharge to the local 5/22/18 or as soon as of transfer for Reside 5. The facility staff fair	led to include in the transfer nat the facility staff conveyed der the resident's plan goals at the time of I hospital on 3/8/19 and is possible to the actual time int #134. led to include in the transfer nat the facility staff conveyed ders the resident's plan goals at the time of I hospital on 2/8/19 or as ne actual time of transfer nat the facility staff conveyed ders the resident's plan goals at the time of I hospital on 3/15/19 and ent on 3/20/19 or as soon as I time of transfer for Resident led to include in the transfer nat the facility staff conveyed ders the resident's plan goals at the time of I hospital on 3/15/19 and ent on 3/20/19 or as soon as I time of transfer for Resident led to include in the transfer nat the facility staff conveyed ders the resident's plan goals at the time of I hospital on 4/6/18 and on a possible to the actual time in t#80.	F 62.	cited have been made and the facompliance with participation requirements. 1. Residents' number #134, #8 #80, #106, and #50 all returned Emergency Room or the hospital therefore no corrective action cataken with the residents at this ti 2. Residents that transferred to Emergency or admitted into the last 30 days and remain in the Emergency Room or the hospital reviewed to ensure if the Transfe Summary, which includes the comprehensive care plan summagoals, was sent with the resident variances identified will be correducate RNs and LPNs on conthe Transfer Summary Report, where the comprehensive care and goals, and documenting in the record the information was provising the resident upon transfer or distinct hospital. 4. The Director of Nursing/Destreview 20% of Emergency Room or hospital discharges for six we ensure the Transfer Summary R which contains the comprehensicare was sent and documented in nursing notes. The Director of Nursing/Designee will identify ar or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.	52, #81, from the al, in be me. o the hospital in ne al will be er ary and t. Any cted. signee will nveying which e plan he clinical ded with charge to signee will n transfer eks to eport ve plan of in the ny patterns ty		

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F 622	#50's Plan of Care S goals, was sent upo hospital on 01/03/19 The findings include 1. The facility staff fa summary indication to the receiving prov comprehensive care discharge to the loca 3/28/19 or as soon a of transfer for Reside Resident #134 was a on 12/5/05 with diag failure to thrive, fract blood pressure. Resident #134's mod (MDS) assessment of status assessment of resident with a score of 15 on the Brief Int (BIMS) which indicat intact in the cognitive decision making. The nurse's notes da resident fell on the fil her right knee. Base pain, the resident wa admitted to the hosp	ailed to ensure that Resident Summary to include care plan In transfer/discharge to the In and 2/3/19 : ailed to include in the transfer that the facility staff conveyed riders the resident's In plan goals at the time of In hospital on 3/8/19 and In sepossible to the actual time	F 62	22	
	There was no document that facility staff conversely providers the resident	nentation in the clinical record veyed to the receiving nt's comprehensive care plan discharge or soon thereafter			

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F 622	to the local hospital. The nurse's notes daresident was transposurgery. Resident #1 nursing facility on 3/3 documentation in the staff conveyed to the resident's comprehentime of discharge or shospital. On 4/18/19 at 1:10 p. conducted with Licenth #3. She stated she softh the paperwork did not summary. On 4/18/19 at approximate Administrator and Director and Director and Director and Total stated that could not care plan summary waid, "When a reside the hospital the nurse check list in the computation to the care plan well as the bed hold a confirm the documenthe transfer or that it hospital soon after. Vinstructed the nurse to notes the summaries sent. We actually see documenting but othe lack of consistency. Vire-educate all our nurse.	ted 3/28/19 indicated the red to the local hospital for 34 was readmitted to the 10/19. There was no clinical record that facility receiving providers the asive care plan goals at the soon thereafter to the local a.m., an interview was sed Practical Nurse (LPN) the transfer paperwork, but a tinclude a care plan are to the hospital. They are transferred to the ER or the is prompted through a puter for the specific resident at the transfer summary that a summary with goals as notice, but there is no way to the was sent over to the ED or the specific resident to the condument in the nurse's and bed hold notices were the same not and there is a the will continue to	F	522		

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F 622	2. The facility staff fasummary indication to the receiving prove comprehensive care discharge to the local soon as possible to the Resident #52. Resident #52 was accomply on the resident with diagkidney disease with malignant neoplasm. The resident's most (MDS) assessment of the resident with a score of 15 on the Brief Into (BIMS) which indicate intact in the skills nemaking. The nurse's notes daresident was being separtment (ED) from the resident was being separtment (ED) from the resident returned to 2/13/19. There was applan summary was from 2/8/19 or as soon. On 4/18/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not care plan summary was from 2/8/19 at approximated that could not	ation prior to survey exit on ailed to include in the transfer that the facility staff conveyed	F 623			

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F 622	that in turn general includes the care proved well as the bed hosenfirm the document the transfer or that hospital soon after instructed the nursh notes the summarisent. We actually a documenting but to lack of consistency re-educate all our would have to make to the ED and or a doctors office or diare sent over that aforementioned in The Administrator additional docume 4/18/19 at 7:00 p.r. 3. The facility staff summary indication to the receiving procomprehensive can discharge to the lower gency depart possible to the act #81. Resident #81 was on 3/1/19 with diagonal pathological fracture. The resident's most (MDS) assessment in the summary indication and the summary indication to the receiving procomprehensive can discharge to the lower gency depart possible to the act #81.	imputer for the specific resident tes the transfer summary that olan summary with goals as id notice, but there is no way to ents was sent at the time of it was sent over to the ED or . We had in-services that e to document in the nurse's es and bed hold notices were see some nurses are thers are not and there is a v. We will continue to nurses." They added that they see sure when residents are sent dmitted to the hospital from a alysis, the transfer summaries included the same formation.	F	522			

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F 622	of 15 out of a possible Interview for Mental standard the resident necessary for daily done of the indicated the resident necessary for daily done of the nurse's notes danges and the sensation. The resident nursing facility on 3/1 evidence that the care forwarded to the locate soon as possible the of the nurse's notes danges and the nurse of	e score of 15 on the Brief Status (BIMS) which t was fully intact in the skills ecision making. ted 3/15/19 indicated insferred to the local ent and admitted to the he urine, pain and burning ent was readmitted to the 6/19. There was no e plan summary was I hospital on 3/15/19 or as	F 6	<u> </u>		
	confirm the documenthe transfer or that it hospital soon after. Vinstructed the nurse	notice, but there is no way to ts was sent at the time of was sent over to the ED or We had in-services that to document in the nurse's and bed hold notices were a some nurses are				

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F 622	Continued From pag	je 9	F 6	22		
	documenting but oth lack of consistency. re-educate all our nu					
		DON did not present any ation prior to survey exit on				
	to the receiving prov comprehensive care discharge to the loca	plan goals at the time of al hospital on 4/6/18 and on as possible to the actual time				
	on 3/16/18 with diag	dmitted to the nursing facility noses that included kidney on, pressure ulcers, stroke ular disease (PVD).				
	(MDS) assessment of assessment and coordinate of 14 out of a possible Interview for Mental	led the resident with a score le score of 15 on the Brief Status (BIMS) which nt was fully intact in the skills				
	on 4/6/18 and readm 4/10/18. There was in plan summary was fo	dmitted to the local hospital nitted to the nursing facility on no evidence that the care orwarded to the local hospital nas possible thereafter.				
	on 5/22/19 and read on 5/29/18. There wa	dmitted to the local hospital mitted to the nursing facility as no evidence that the care orwarded to the local hospital				

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F 622	On 4/18/19 at app Administrator and stated that could reare plan summare said, "When a resethe hospital the nucheck list in the count that in turn general includes the care well as the bed he confirm the document the transfer or that hospital soon after instructed the number of the summare sent. We actually documenting but a lack of consistency re-educate all our The Administrator additional document 4/18/19 at 7:00 p. 5. The facility state care plan summare discharged to the Resident #106 was 01/03/2019 and reconsidered to Multiple Hypertension. Resident #106's Massessment protogeneral summare discharged to the Resident #106's M	proximately 5:00 p.m., the Director of Nursing (DON) not provide evidence that the y was sent to the hospital. They ident is transferred to the ER or urse is prompted through a computer for the specific resident ates the transfer summary that plan summary with goals as old notice, but there is no way to ments was sent at the time of tit was sent over to the ED or r. We had in-services that se to document in the nurse's ries and bed hold notices were see some nurses are others are not and there is a y. We will continue to nurses."	F6				

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F 622	#106 with a BIMS (Br Status) score of 14 in impairment. In additic coded Resident #106 assistance with Activi On 04/18/2019 at 5:2 conducted with the D The DON was asked, plan summary sent to discharge?" The DOI documentation to sup DON stated, "Nursing Clinical Summary with transferring them to the care plan and Bed there is no document sent." The administrative tea finding on 04/18/2019 No further information finding. 6. Resident #50 was facility on 12/05/13. Tre-admitted to the fact 01/08/19. Diagnosis but not limited to *Der Diabetes. Resident #50's currer a significant change was resident with short an problems and cognitive impaired-never/rarely	ief Interview for Mental dicating no cognitive on, the Minimum Data Set as requiring total ties of Daily Living. O p.m., an interview was irector of Nursing (DON). "Was Resident #106's care of the hospital upon of the hospital upon of the gradient which includes defined the hospital which includes defined about the hospital was informed of the originally admitted to the original origin	F6	522		

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F 622	Continued From page	e 12	F 62	22			
	- discharge return an re-admitted on 11/29	•					
		assessment dated 01/03/19- cipated, resident re-admitted					
	order from the on cal new order obtained to local Emergency Roo Sodium level of 169.	ity's documentation, "Per I Physician Assistant (PA), o send Resident #50 to the om (ER) for a critical lab					
	Practitioner (NP) in to orders to send to local daughter to see what wanted to send Resid daughter has decline resident was transpot Care transportation.	ity's documentation, "Nurse of assess resident with new all ER after speaking to a she decides." The daughter dent #50 to the ER. The d hospice at this time. The rted to the local ER via Life					
	04/18/19 at approxim said he was unable to Resident #50's clinical summary was sent with hospital on 11/25/18 said when a resident the nurse will compute computer that will procare plan summary for checklist is converted	rector of Nursing (DON) on lately 5:00 p.m. The DON to locate documentation in all record that the care plan when discharged to the land 01/03/19. The DON is transferred to the hospital; the a checklist in the land the nurse to check the					

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F 622	current care plan with plan goals. The DON unable to locate docu clinical record, I cannoplan summary was sedischarged to the hos 01/03/19." The facility administrating during a briefin approximately 6:25 p. present any further in The facility's policy titt Discharge Rights Poli 01/25/17). Definitions: *Dementia is the name caused by disorders to with dementia may not summary for the policy of the poli	vill include the residents the their problems and care I stated, "Since, we were mentation in the residents ot say the residents care ent with Resident #50 when epital on 11/25/18 and	F 6	522			
	dressed or eating. Th solve problems or cor personalities may cha agitated or see things (https://medlineplus.g	ey may lose their ability to ntrol their emotions. Their ange. They may become					
F 625 SS=E	disease in which there (glucose) in the blood (https://medlineplus.g Notice of Bed Hold Pc CFR(s): 483.15(d)(1)(e is a high level of sugar ov/ency/article/007365.htm). olicy Before/Upon Trnsfr	F 6	325			5/17/19

PRINTED: 05/02/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495286	B. WING _			04/	C 18/2019
	ROVIDER OR SUPPLIER VER CONVALESCENT C	ENTE		54	REET ADDRESS, CITY, STATE, ZIP CODE O ABERTHAW AVENUE EWPORT NEWS, VA 23601	1 04/	10/2013
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F 625	Continued From page	: 14	F 6	625			
	nursing facility transfer the resident goes on a nursing facility must puthe resident or reside specifies- (i) The duration of the any, during which the return and resume restacility; (ii) The reserve bed put plan, under § 447.40 (iii) The nursing facility bed-hold periods, whith paragraph (e)(1) of the resident to return; and (iv) The information sof this section. §483.15(d)(2) Bed-hour the time of transfer of the hold policy undersident representative specifies the duration described in paragraph. This REQUIREMENT by: Based on clinical recording the bed hold policy undersident facility staff failed the bed hold policy undersident for 7 of 46 reflection.	provide written information to ant representative that I state bed-hold policy, if resident is permitted to sidence in the nursing ayment policy in the state of this chapter, if any; y's policies regarding ch must be consistent with is section, permitting a dipecified in paragraph (e)(1) Ild notice upon transfer. At a resident for apeutic leave, a nursing of the resident and the re written notice which of the bed-hold policy on (d)(1) of this section. The information is not met as evidenced			1. Residents' number #134, #52, #81 #80, #106, #54, and #50 all returned for the Emergency Room or the hospital at therefore no corrective action can be taken with the residents at this time. 2. Residents that transferred to the Emergency Room or were admitted into the hospital in the last 30 days will be reviewed to ensure if the Transfer Summary, which include, the Bed Hold	om nd	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		405000	D WING			l	С
		495286	B. WING _			04/	18/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
JAMES RI	VER CONVALESCENT (ENTE		54	40 ABERTHAW AVENUE		
UAINEO IXI	TER CONTACEOUERT	2.1112		N	EWPORT NEWS, VA 23601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 625	Continued From page	e 15	F 6	525			
	transfer to the local h	ospital on 3/8/19 and on			Policy, was sent with the resident. Any variances identified will be corrected.		
	2. The facility staff failed to ensure Resident #52 or RR was issued a written notice of the bed hold policy upon transfer to the local hospital on 2/8/19.				3. The Director of Nursing/Designee reeducate RNs and LPNs on the Policy and Procedure of providing the Bed Ho Policy to the resident and documenting the clinical record the information was conveyed with the resident upon transf	ild in	
	3. The facility staff far or RR was issued a value policy upon transfer to 3/15/19 and to the error 3/20/19.			or discharge to the hospital. 4. The Director of Nursing/Designee review 20% of Emergency Room transfor hospital discharges for six weeks to ensure the Transfer Summary Report, which contains the Bed Hold Policy, was	will fer		
	4. The facility staff failed to ensure Resident #80 or RR was issued a written notice of the bed hold policy upon transfer to the local hospital on 4/6/18 and on 5/22/18.				sent and documented in the nursing notes. The Director of Nursing/Design will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee	ee	
					least quarterly.		
	6. Resident #54 was on 04/12/2019 and the provide the Resident Representative a write						
	#50 was provided a v	iled to ensure that Resident vritten copy of the facility's bed payment policy upon the hospital on 01/03/19 and					
	The findings include:						
		iled to ensure Resident #134 ntative (RR) was issued a					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495286	B. WING		C 04/18/2019	
	ROVIDER OR SUPPLIER	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 40 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	, 0020.0	
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F 625	Continued From pag	e 16	F 625			
	1	oed hold reserve policy upon nospital on 3/8/19 and on				
	on 12/5/05 with diag	admitted to the nursing facility noses that included adult ured right tibia and high				
	(MDS) assessment of status assessment of resident with a score of 15 on the Brief Int (BIMS) which indicate	st recent Minimum Data Set was a significant change in ated 3/21/19 and coded the of 14 out of a possible score erview for Mental Status ed the resident was fully e skills necessary for daily				
	resident fell on the fliner right knee. Base pain, the resident was admitted to the hosp was readmitted to the There was no document that the bed hold not	ated 3/8/19 indicated the cor and complained of pain in d on continued complaints of its transported to the ED and ital on 3/8/19. Resident #134 e nursing facility on 3/30/19. In the clinical record ice was issued to the etime of any of the transfers				
	transported to the local Resident #134 was refacility on 3/30/19. To in the clinical record issued to the resident ransfer or discharge	•				
		.m., an interview was nsed Practical Nurse (LPN)				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495286	B. WING		04/18	/2019	
	ROVIDER OR SUPPLIER VER CONVALESCENT (CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	1 04/10	72013	
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F 625	Continued From pag		F 6	25			
		ent transfer paperwork, but of include a notice of the bed					
	conducted with Residuated she was not g	.m., an interview was dent #134. The resident iven any paperwork about policy when she was sent					
	Administrator and Dir stated "When a resid or the hospital the nurcheck list in the compartment in turn generates includes the care pla well as the bed hold confirm the document the transfer or that it hospital soon after. Vinstructed the nurse in notes the summaries sent. We actually see	ers are not and there is a We will continue to					
		DON did not present any ation prior to survey exit on					
	or RR was issued a v	iled to ensure Resident #52 written notice of the bed hold to the local hospital on					
		lmitted to the nursing facility noses that included chronic					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495286	B. WING			C	
	ROVIDER OR SUPPLIER VER CONVALESCENT (STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		4/18/2019	
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F 625	malignant neoplasm, The resident's most is (MDS) assessment of resident with a score of 15 on the Brief Into (BIMS) which indicat intact in the skills neomaking. The nurse's notes daresident was being stop department (ED) from resident returned to the 2/13/19. There was in notice was issued to time of transfer or disfacility. On 4/18/19 at approximate Administrator and Distated that "When a service that in turn of summary that include with goals as well as there is no way to consent at the time of the over to the ED or hos in-services that instruin the nurse's notes the services in the services that instruin the nurse's notes the services that instruin the nurse's notes the services in the services that instruin the nurse's notes the services in the services that instruin the nurse's notes the services in the services that instruin the nurse's notes the services in the services that instruin the nurse's notes the services in t	hemodialysis, left kidney high blood pressure stroke. Trecent Minimum Data Set was a significant change in ated 12/17/19 and coded the of 14 out of a possible score erview for Mental Status ed the resident was fully cessary for daily decision Intel 2/8/09 indicated the ent to the local emergency in the dialysis center. The	F 6	<u> </u>			
	are documenting but lack of consistency. V re-educate all our nu	others are not and there is a					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495286	B. WING		C 04/18/2019
	ROVIDER OR SUPPLIER	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	1 0-11 10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 625	to the ED and or adm doctors office or dialy are sent over that inc aforementioned inform. The Administrator or additional documenta 4/18/19 at 7:00 p.m. 3. The facility staff fare or RR was issued a repolicy upon transfer to 3/15/19 and to the erron 3/20/19. Resident #81 was accons 3/1/19 with diagnor pathological fracture. The resident with a second of 15 on the Brown Status (BIMS) which fully intact in the skill decision making. The nurse's notes da Resident #81 was transfer to specific properties of 15 on the Brown of 15 on the Br	nitted to the hospital from a ysis, the transfer summaries cluded the same mation. DON did not present any ation prior to survey exit on liled to ensure Resident #81 written notice of the bed hold to the local hospital on mergency department (ED) dmitted to the nursing facility bases that included stroke, and high blood pressure. The cent Minimum Data Set was an admission and coded core of 15 out of a possible rief Interview for Mental indicated the resident was an ecessary for daily ated 3/15/19 indicated ansferred to the local ent and admitted to the the urine, pain and burning ent was readmitted to the	F 62	5	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 625	The resident returned 3/20/19. There was in notice was issued to time of transfer from 10 time of the was issued the time of any of his the local hospital. The was his own power of one to get any paper was given bed hold in 10 time of the hospital the nurband or the hospital the nurband in turn generates includes the care plan well as the bed hold in confirm the document the transfer or that it is thospital soon after. We instructed the nurse the summaries sent. We actually seed documenting but othe lack of consistency. Vere-educate all our nurwould have to make sto the ED and or admits a sent to the ED and or admits the sent to the ED and or admits the sent to the ED and or admits the sent to the sen	welling urinary catheter. I to the nursing facility on o evidence that the bed hold the resident or the RR at the the nursing facility. a.m., Resident #81 was d bed hold reserve policy at transfers or discharges to e resident responded that he f attorney and would be the work, but did not believe he otices. Imately 5:00 p.m., the ector of Nursing (DON) ent is transferred to the ER rse is prompted through a nuter for the specific resident the transfer summary that in summary with goals as notice, but there is no way to ts was sent at the time of was sent over to the ED or le had in-services that o document in the nurse's and bed hold notices were resome nurses are ers are not and there is a We will continue to reses." They added that they sure when residents are sent itted to the hospital from a sis, the transfer summaries	Fé	525			
		nation. DON did not present any tion prior to survey exit on					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BI E APPROPRIA		(X5) COMPLETION DATE	
F 625	or RR was issued a way policy upon transfer to and on 5/22/18. Resident #80 was ad on 3/16/18 with diagration failure, atrial fibrillation and peripheral vascul. The resident's most re (MDS) assessment was the resident with a sc score of 15 on the Bri Status (BIMS) which fully intact in the skills decision making. Resident #80 was ad on 4/6/18 and readmine of transfer from the status of the status of the second on 5/22/19 and readmine of transfer from the status of the second on 5/29/18. There was hold notice was issued at the time of transfer on 4/18/19 at approx Administrator and Direct stated "When a resident was ad on 5/24/19 and readmine of transfer on 4/18/19 at approx Administrator and Direct stated "When a resident "When a resident "When a resident "When a resident was ad on 5/24/19 at approx Administrator and Direct "When a resident	led to ensure Resident #80 written notice of the bed hold of the local hospital on 4/6/18 mitted to the nursing facility loses that included kidney in pressure ulcers, stroke lar disease (PVD). lecent Minimum Data Set lars an admission and coded ore of 14 out of a possible lef Interview for Mental indicated the resident was an ecessary for daily mitted to the local hospital the to the nursing facility on o evidence that the bed hold the resident or the RR at the	F6	325				
	that in turn generates	outer for the specific resident the transfer summary that n summary with goals as						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		495286	B. WING		04/18/2019		
	ROVIDER OR SUPPLIER VER CONVALESCENT	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	1 04/10/2013		
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F 625	confirm the docume the transfer or that it hospital soon after instructed the nurse notes the summarie sent. We actually se documenting but oth lack of consistency. re-educate all our number of the document of the Administrator of additional document of the Administrator of the Administra	notice, but there is no way to nts was sent at the time of a was sent over to the ED or We had in-services that to document in the nurse's and bed hold notices were see some nurses are ners are not and there is a We will continue to urses." The DON did not present any tation prior to survey exit on as discharged to the hospital the facility staff failed to a tand/or Resident witten Bed Hold Notice. discharged to the hospital on demitted to the facility on cois included but were not acclerosis, Quadriplegia and animum Data Set (an animum D	F 625				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 625	to Resident #106 or tupon discharge to the stated, "No, there is resident it was provided." usually sends a Transresidents when transincludes the care plathowever, there is no was sent." The administrative te finding on 04/18/2019. No further information finding. 6. Resident #54 was on 04/12/2019 and the provide the Resident Representative a write Resident #54 was dis 04/12/2019 and read 04/15/2019. Diagnos limited to, Heart Failum Resident #54's Minimassessment protocol Reference Date of 02 #54 with a BIMS (Brie Status) score of 4 inclimpairment. In additional coded Resident #54 assistance of 2 with the and total dependence use.	the resident's representative to hospital?" The DON no documentation to support The DON stated, "Nursing sfer Clinical Summary with ferring to the hospital which n and Bed Hold Notice. documentation stating that it to am was informed of the east approximately 6:30 p.m. In was provided about the discharged to the hospital ne facility staff failed to and/or Resident ten Bed Hold Notice. Scharged to the hospital on mitted to the facility on sis included but were not are and Diabetes Mellitus.	F	525			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495286	B. WING	B. WING		C 04/18/2019	
	ROVIDER OR SUPPLIER	CENTE	•	STREET ADDRESS, CITY, STA' 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23	TE, ZIP CODE		
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F 625	he was asked, "Can that a Bed Hold Notic #54 or the Resident's discharge to the host there is no document asked, "Was a Bed he Resident #54 or the lupon discharge to the stated, "No, it was no "Should a written Bethe Resident and /or upon discharge?" The On 04/19/2019 at appre-exit meeting the Director of Nursing with facility did not prabout the findings. 7. The facility staff factor #50 was provided a vibed-hold and reserve transfer/discharge to 2/3/19. Resident #50 was or on 12/05/13. The resident #50 was provided but not *Type II Diabetes. Resident #50's currer a significant change Reference Date (ARI	pirector of Nursing (DON) and you provide documentation be was issued to Resident as Representative upon pital?" The DON stated, "No, tation." The DON was hold Notice issued to Resident's Representative to the hospital?" The DON was asked, de Hold Notice be issued to Resident Representative to the DON stated, "Yes." proximately 6:30 p.m., at the Administrator and the was informed of the findings. The proximately 6:30 p.m., at the Administrator and the was informed of the findings. The bed payment policy upon the hospital on 01/03/19 and the hospital on the facility sident was re-admitted on the facility sident was re-admitted on the facility of 02/14/19 coded the find long-term memory we skills severely	F	625			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER VER CONVALESCENT	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION
F 625	re-admitted on 11/29 The Discharge MDS 01/03/19-discharge re-admitted on 01/08 On 11/25/18 at approaccording to the faci order from the on canew order obtained local Emergency Ro Sodium level of 169. re-admitted to the number of the faci practitioner (NP) in the faci practiti	assessment dated return anticipated, resident 7/18. assessment dated return anticipated, resident 8/19. assessment dated return anticipated, resident 8/19. assessment dated return anticipated, resident 8/19. boximately 3:31 a.m., lity's documentation, "Per II Physician Assistant (PA), to send Resident #50 to the om (ER) for a critical lab "Resident #50 was ursing facility on 11/29/18. boximately 3:03 p.m., lity's documentation, "Nurse of assess resident with new eal ER after speaking to to the decides." The daughter dent #50 to the ER. The ead hospice at this time. The ported to the local ER via transportation. Resident to the nursing facility on	F 625		
	resident is transferre will complete a chec	d to the hospital; the nurse klist in the computer that will check the bed hold policy			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	CENTE	5	TREET ADDRESS, CITY, STATE, ZIP CODE 40 ABERTHAW AVENUE IEWPORT NEWS, VA 23601	1 04/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
F 625	Transfer Clinical Su will include the bed nurses must docum sent when discharg clinical record. The unable to locate doc clinical record, I can was sent with Reside the hospital on 11/2. The facility administ finding during a brie approximately 6:25 present any further. The facility's policy Discharge Right Po Notice of bed-hold prequires transfer to will offer the resider have the bed held. Definitions: *Dementia is the nare caused by disorders with dementia may enough to do normal dressed or eating. To solve problems or compersonalities may clagitated or see thing (https://medlineplus.) *Diabetes Mellitus To disease in which the (glucose) in the block.	Insfer Clinical Summary. The immary if completed correctly hold policy notice but the ent the bed hold policy was ed to the hospital in their. DON stated, "Since, we were cumentation in Resident #50's not say the bed hold policy ent #50 when discharged to 5/18 and 01/03/19." Tration was informed of the fing on 04/18/19 at p.m. The facility did not information about the findings. Trailed Admission, Transfer & icy revised (01/25/17). Toolicy and return. If a resident an acute hospital, the facility it the opportunity of electing to that affect the brain. People not be able to think well al activities, such as getting they may lose their ability to control their emotions. Their mange. They may become ges that are not there agov/ency/article/007365.htm).	F 625		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER VER CONVALESCENT (CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	1 04/10/2010
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F 641 SS=D	resident's status. This REQUIREMENT by: Based on clinical recomposition assure that 1 of 46 the survey sample resourate assessment The facility staff failed Assessment Referent under Section N (Meantipsychotic medical correctly for Resident The findings included Resident #84 was addiagnosis for Resident imited to *Vascular Edisturbances. Resident #84's quarted Assessment Referent coded resident with a possible 15 indicating impairment. Review of Resident #ARD of 03/08/19 was	of Assessments. St accurately reflect the is not met as evidenced cord review, staff interview cation the facility staff failed residents (Resident #84) in ceived a complete and t. It to ensure the MDS with an ce Date (ARD) of 03/08/19 dications) for the use of an tion (Seroquel) was coded to #84. It: mitted to the facility 3/01/19. Int #84 included but not Dementia with behavior erly MDS with an ce Date (ARD) of 03/08/19 I BIMS score of 02 out of a	F 64	1. The MDS with the ARD of 03/08 for resident #84 was modified to reflet accurate coding for section N for the of an antipsychotic medication. The modified MDS was transmitted to CM The Resident Assessment Coordinater were reeducated on the importance of accurate completion of MDS regarding antipsychotic medications. 2. The Assistant Director of Nursing/Designee will review all MDS completed for the past 30 days to enaccuracy of section N. Any variance identified will be corrected in accordate with the RAI manual. MDS staff will be responsible for ensuring accurate coon all MDS assessments. 3. The Director of Nursing/Designe in-service MDS coordinators on the importance of coding accuracy accord to the RAI manual. The education will include, but is not limited to, a review the RAI manual instruction for Section and antipsychotic medications. 4. The Assistant Director of Nursing/Designee will review 20% of MDSs completed weekly for six weekensure accurate coding of section N	ect use IS. tors of Ss sure s ance be ding e will ding Il of n N
	Indicate the number of receiving the medical	ons received read as follows: of DAYS the resident tion during the last 7 days, n was not received by the		antipsychotic medications. The Direct of Nursing/Designee will identify any patterns or trends and report to the Quality Assurance and Performance	ctor

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
495286		B. WING _	B. WING		04/18/2019		
	ROVIDER OR SUPPLIER	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601			
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F 641	related to use of psyd Some of the goals senot but not limited to: from ordered medicanegative effects from Some of the intervengoal include observir signs/symptoms of ta AIMS per facility policare with mental heaphysician order. The physician order *Seroquel 25 mg tab bedtime for five days delusions). Review of Resident *Administration Recommedication Seroquel times for the look back MDS with an ARD dawn. She compared the MDS with an ARI section N, and then shave been coded (3) administered." The saccurate MDS" she massessment."	rehensive care plan at risk for side effects choactive medications. It for the resident included will achieve desired effect tions, and will have no medication use as ordered. tion to manage the resident's ig and reporting indive dyskinesia, complete cy, consult, and coordinate lith professional per reads: Starting on 03/01/19- et-give 1 tablet by mouth at (psychotic disorder with R84's March 2019 Medication d (MAR) revealed the was administered three ck period of 7 days for the atte of 03/08/19. Iducted with MDS 19 at approximately 5:22 the March 2019, MAR with D date of 03/08/19 under stated, "The MDS should for the amount of times surveyor asked, "Is this an eplied, "No, not for this	F 6	41	Improvement Committee at least quarterly.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	1 0 11 10 20 10	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 641	CMS's RAI Version Resident assessment assessment assessment 1). 1.3 Completion of accurately reflects the Goals: The goal of the introduce advances increase the clinical the accuracy and varesident's voice by interview items. Protechnical experts in requested that MDS improving the tool's accuracy. Definitions: *Seroquel tablets and are also used alone treat episodes of material experts in the patients with bipolar disorder; a disease of the depression, episode abnormal moods) ((https://medlineplus.) *Vascular demential problems with reason memory and other the brain damage from interval in the problems with reason memory and other the brain damage from interval in the problems in the probl	o.m. The facility did not information about the findings. 3.0 Manual (Chapter 1: int Instrument (RAI) If the RAI (1) the assessment the resident's status. The MDS 3.0 revision are to in assessment measures, relevance of items, improve lidity of the tool, increase the introducing more resident viders, consumers, and other the nursing home care 3.0 revision focus on clinical utility, clarity, and If extended-release tablets or with other medications to inia (frenzied, abnormally lood) or depression in disorder (manic depressive that causes episodes of s of mania, and other gov/ency/article/007365.htm). It is a general term describing ining, planning, judgment, lought processes caused by impaired blood flow to your inic.org/diseases-conditions/v	F 64	11		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY
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	ROVIDER OR SUPPLIER VER CONVALESCENT C	ENTE	•	5-	TREET ADDRESS, CITY, STATE, ZIP CODE 40 ABERTHAW AVENUE EWPORT NEWS, VA 23601		
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F 655 SS=D	Planning §483.21(a) Baseline (§483.21(a)(1) The faci implement a baseline that includes the instreffective and personthat meet professional The baseline care pla (i) Be developed with admission. (ii) Include the minimunecessary to properly including, but not limit (A) Initial goals based (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recomm §483.21(a)(2) The factomprehensive care plan if the compicity of this section (exception). §483.21(a)(3) The factomission. (ii) Meets the requirer (b) of this section (exception). §483.21(a)(3) The factomission. (iii) Meets the requirer (b) of this section (exception).	Care Plans cility must develop and care plan for each resident uctions needed to provide centered care of the resident al standards of quality care. In must- in 48 hours of a resident's um healthcare information is care for a resident ted to- I on admission orders. cility may develop a colan in place of the baseline rehensive care plan- in 48 hours of the resident's ments set forth in paragraph cepting paragraph (b)(2)(i) of cility must provide the resentative with a summary lan that includes but is not	F	655			5/17/19

PRINTED: 05/02/2019 FORM APPROVED OMB NO. 0938-0391

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JAMES RIV	VER CONVALESCENT	CENTE		NEWPORT NEWS, VA 23601			
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F 655	Continued From page 31 (iii) Any services and treatments to be administered by the facility and personnel acting		F 6	55			
	of the comprehensive This REQUIREMEN by:	ormation based on the details re care plan, as necessary. T is not met as evidenced					
	Based on observations, clinical record review, staff and resident interview and facility document review, the facility staff failed to ensure a person-centered baseline care plan was developed within 48 hours of admission that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care for 1 of 46 residents (Resident #440) in the survey sample.			1. The baseline care plant #440 was updated and provi instructions needed to ensur person centered care includi communication needs. 2. The Director of Nursing/reviewed the baseline care pnewly admitted residents for comprehensive care plan habeen created. The review w baseline care plans include to	des e effective ng designee has plans of all whom the s not yet as to ensure he		
	had difficulty at time to the nursing staff (facility staff failed to needs were included plan. This failure res			instructions needed to provide person centered care for conneeds. Baseline care plans was needed. 3. The Director of Education will reeducate RNs and LPNs Development and Implement Baseline Care Plans. The ininclude, but not limited to, a libaseline care plan creation provided in the provided plans.	nmunication were updated on/designee s on tation of eservice will review of the		
	Resident #440 was a on 4/12/19 with a dia history of cerebral in sided hemiplegia. The resident's Minim assessment was not the 48 hour baseling.	admitted to the nursing facility agnosis of atrial fibrillation and farction (stroke) with left num Data Set (MDS) t due.		assessment of residents' ind The care plan should also in- instructions to ensure the de effective person centered ca special focus on communica 4. The Director of Nursing/ review the baseline care plan admitted residents weekly fo The review will ensure basel include the instructions need effective person centered ca	ividual needs. clude livery of re with tion needs. designee will ns of all newly r six weeks. ine care plans ed to provide		

Facility ID: VA0131

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 655	Continued From page	32	F	355			
F 655	potential for impaired new environment and The goal set by the st that the resident woul effects for new admis There were no approaresident's difficulty in create and maintain a psychological well-be identify the stroke and result of past or curre interventions and/or result of past or curre interventions and curre interventions and c	quality of life related to a change in health status. aff for the resident indicated d not experience adverse sion or new environment. aches that addressed the communication in order to a safe environment and ing. The care plan did not d any deficits she had as a not stroke with staff esident needs. Action was made of Resident 2:10 p.m.: Distitioned in the doorway of lichair. She summoned the stant (CNA) #1 and asked a "a couple of pictures." not understand her after econd and third staff ent due to the resident's se persons were not able to ent as she kept repeating the dover "a couple of anager, Licensed Practical d the resident several times anted and the same phrase resident. The resident began aking her head from sided to blently and screaming as	F	355	communication needs. The Director of Nursing/Designee will identify any patte or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.	erns	
	CNA #1 pulled the res resident continued the	sident into her room as the e same aforementioned it pointed to this surveyor					

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
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JANES KI	VER CONVALESCENT C	ZENTE		N	IEWPORT NEWS, VA 23601		
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F 655	Once the resident was to want what this sumboard, but no one was asked the group, "Do communication board the nurse's station and minutes later with a communication board the resident continue behavior. The resident surveyor. The questic "Does she write?" Or retrieved a blank she with a pen as the resident to the resident's continued the message that to the resident's continued the clipboard and was trying to tell the sident took the clipboard and was was trying to tell the sident to the resident took the clipboard and was trying to tell the sident took the clipboard and the sident took the clipboard and the	and motioned to come to her. Is approached she appeared veyor was holding, a clip is sure why. This surveyor es she use a d?" The Unit Manager ran to add returned approximately 5 communication sheet and etured items and letters, but id with her frustrated int motioned again to this on was asked at this point, he of the staff present et of paper, gave it to her ident tried to write in cursive in left thigh. No one could be resident tried to write. Due indued behaviors of comping and slapping herself, doser to the resident. The poard placed the paper on its prompted to print what she estaff. The resident printed in picture" pointing to the inmediately said, "She wants all to remain on the channel it." As quickly as the	F	655			
	stated the resident wo on 4/15/19 with a new	as screened and assessed v stroke, but had a history of some expressive aphasia					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER VER CONVALESCENT	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	<u> </u>	5471072013
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F 655	ST stated she thought resulted in left sided evaluation dated 4/14 had severe impairmed moderate intelligibility normal limits meaning words together. Who at 12:10 p.m. was exthe goal was to increed else fails and the respen and pad of papereduce frustration and well as a communication where this information of in the ST screening information was relay said, "That is not who director would share nursing staff." On 4/18/19 at 12:15 director stated the State resident needed nursing staff in order also said during the nonthe skilled unit who results of screenings with nurse managers with reading the ther would reveal the need interventions. The State completed, the charge Director of Nursing (I) what is needed for procommunication board write to avoid times of the side of the same completed of the charge	the resident's daughter. The not the most recent stroke weakness. The ST 5/19 indicated the resident ent in articulation with y, but the fluency was within g that she could put several en the episode from 4/17/19 plained to the ST, she stated ase articulation, but when all ident becomes frustrated, a r was necessary in order to d have her needs met, as tion board. When asked n was written because it was ng evaluation, or how the yed to the nursing staff she at I do, the rehabilitation that information with the	F 6	55		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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F 655	will update the care pre-evaluation 4/18/19 conducted shortly aft educated the resident slow her speech rate exaggerate sounds to intelligibility. The evaluation board communication want was an alternative more case of communication want was an alternative more case of communication on 4/18/19 at approximaterview was conducted the DON and the Assoperations (ADNO), without any informatinursing staff to have aforementioned situation with either a communication of the interview better for the resident of the resident of the interview with either a communication with either a communication with either a communication with either a communication was an alternative more communication was	rything is completed, nursing plan. She presented a plan at 3:15 p.m. that was er this interview that at on strategies on how to an increase intensity and over poincrease speech pluation included provision of and pad and pen to increase as and needs and that this eans to communication in	F6	<u> </u>		
	survey exit. The policy and proce "Person-centered Ba Care Plan" dated 5/1 should have a person plan developed within the interdisciplinary to must address medica psychosocial needs to					

		(X3) DATE SURVEY COMPLETED		
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(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION
must include, but is no based on admission, orders, therapy service	ot limited to initial goals physician orders, dietary es, social services, PASRR	F 65	5	
S 483.24 Quality of life Quality of life is a fund applies to all care and residents. Each reside facility must provide the necessary care and sethe highest practicable psychosocial well-being resident's comprehent of care. This REQUIREMENT by: Based on observations staff and resident intereview, the facility stanecessary person-cerewere provided for 1 of #440) in the survey sethe nursing staff (efacility staff failed to he communication device resident was unable to words or gesture to either, which caused he frustration.	damental principle that discretices provided to facility lent must receive and the ne ervices to attain or maintain e physical, mental, and ng, consistent with the sive assessment and plan discretices is not met as evidenced ans, clinical record review, rview and facility document ff failed to ensure the netered care and services for 46 residents (Resident ample. Ally admitted stroke resident, communicating her needs expressive aphasia). The ave the appropriate es as needed when the overbally find the right mable the staff to understand or extreme distress and	F 67	 Resident #440 was assessed for communication needs and appropriat communication device has been proved. The Director of Nursing/ designe conducted an assessment of current residents with expressive aphasia to ensure their communication needs armet. Appropriate communication devidence been provided to residents as needed. The Director of Education/design has reeducated RNs and LPNs on Assessing Resident Needs for Communication Devices. The in-servincluded, but was not limited to, the 	e rided. e has e cices nee
The findings included	:		needs. 4. The Director of Nursing /designe	e will
	CORRECTION ROVIDER OR SUPPLIER VER CONVALESCENT C SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page must include, but is no based on admission, orders, therapy service recommendations if a Quality of Life CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fund applies to all care and residents. Each resid facility must provide the necessary care and s the highest practicable psychosocial well-bein resident's comprehen of care. This REQUIREMENT by: Based on observation staff and resident inter review, the facility stan necessary person-cer were provided for 1 of #440) in the survey sa Resident #440, a new had difficulty at times to the nursing staff (e. facility staff failed to h communication device resident was unable to words or gesture to en her, which caused he frustration.	A95286 ROVIDER OR SUPPLIER VER CONVALESCENT CENTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 36 must include, but is not limited to initial goals based on admission, physician orders, dietary orders, therapy services, social services, PASRR recommendations if appropriate. Quality of Life CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, staff and resident interview and facility document review, the facility staff failed to ensure the necessary person-centered care and services were provided for 1 of 46 residents (Resident #440) in the survey sample. Resident #440, a newly admitted stroke resident, had difficulty at times communicating her needs to the nursing staff (expressive aphasia). The facility staff failed to have the appropriate communication devices as needed when the resident was unable to verbally find the right words or gesture to enable the staff to understand her, which caused her extreme distress and	A BUILDING 495286 ROVIDER OR SUPPLIER VER CONVALESCENT CENTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 36 must include, but is not limited to initial goals based on admission, physician orders, dietary orders, therapy services, social services, PASRR recommendations if appropriate. Quality of Life CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, staff and resident interview and facility document review, the facility staff falled to ensure the necessary person-centered care and services were provided for 1 of 46 residents (Resident #440) in the survey sample. Resident #440, a newly admitted stroke resident, had difficulty at times communicating her needs to the nursing staff (expressive aphasia). The facility staff failed to have the appropriate communication devices as needed when the resident was unable to verbally find the right words or gesture to enable the staff to understand her, which caused her extreme distress and frustration.	A BUILDING 495286 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 940 ABERTHAW AVENUE SUMMARY STATEMENT OF DEFICIENCES (PACH DEPICIENCY) SUMMARY STATEMENT OF DEFICIENCES (PACH DEPICIENCY) CONTINUED From page 36 must include, but is not limited to initial goals based on admission, physician orders, dietary orders, therapy services, social services, PASRR recommendations if appropriate. Quality of Life CFR(s): 483.24 \$483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, staff and resident interview and facility that filled to ensure the necessary person-centered care and services were provided for 1 of 48 residents (Resident #440) in the survey sample. Resident #440, a newly admitted stroke resident, had difficulty at times communicating her needs to the nursing staff (expressive aphasia). The facility staff failed to have the appropriate communication device has been provided to residents as needed. When the resident was unable to verbally find the right words or gesture to enable the staff to understand her, which caused her extreme distress and frustration. The findings included:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		7/10/2013	
				540 ABERTHAW AVENUE			
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F 675	Continued From page 37		F 67	5			
Resident #440 was admitted to the nursing fa on 4/12/19 with a diagnosis of atrial fibrillation history of cerebral infarction (stroke) with left sided hemiplegia. The resident's Minimum Data Set (MDS) assessment was not due.		gnosis of atrial fibrillation and arction (stroke) with left um Data Set (MDS) due.		perform weekly audits for six newly admitted residents to e each resident is individual or needs are assessed, and the communication devices are pneeded. The Director of Nurs will identify any patterns or treport to the Quality Assurant	ensure that communication e appropriate corovided if sing/Designee rends and uce and		
	potential for impaired new environment and The goal set by the sthat the resident wou effects for new admis. There were no approresident's difficulty in create and maintain a psychological well-be identify the stroke an result of past or curre interventions and/or in	tified the resident had the quality of life related to a d change in health status. taff for the resident indicated ld not experience adverse ssion or new environment. aches that addressed the communication in order to a safe environment and eing. The care plan did not d any deficits she had as a ent stroke with staff		Performance Improvement Cleast quarterly.	Committee at		
	#440 on 4/17/19 at 1. Resident #440 was pher room in her whee Certified Nursing Assher what sounded lik When the CNA could several attempts, a sapproached the residobvious distress. The understand the residosame phrase over an pictures." The Unit M Nurse (LPN) #3 asket	estioned in the doorway of elchair. She summoned the elistant (CNA) #1 and asked e "a couple of pictures." not understand her after econd and third staff lent due to the residents as epersons were not able to eent as she kept repeating the					

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F 675	Continued From pag	je 38	F	675			
	was repeated by the	resident. The resident began					
		naking her head from sided to					
		iolently and screaming as					
	loud as she could as						
		face. Three more times the					
	_	and others surrounded the					
		what she wanted to no avail.					
	_	esident into her room as the					
	•	ne same aforementioned					
		ent pointed to this surveyor					
	with her right hand a						
	_	as approached she appeared					
		veyor was holding, a clip					
		as sure why. This surveyor					
	asked the group, "Do						
		d?" The Unit Manager ran to					
		nd returned approximately 5					
		communication sheet and					
	pointed to several pi	ctured items and letters, but					
	the resident continue						
	behavior. The reside	ent motioned again to this					
		on was asked at this point,					
	"Does she write?" O	ne of the staff present					
	retrieved a blank she	eet of paper, gave it to her					
	with a pen as the res	sident tried to write in cursive					
	with the paper on he	r left thigh. No one could					
	read the message th	e resident tried to write. Due					
	to the resident's con-	tinued behaviors of					
	screaming, crying, st	tomping and slapping herself,					
	this surveyor came of	closer to the resident. The					
	resident took the clip	board placed the paper on					
	the clipboard and wa	as prompted to print what she					
	was trying to tell the	staff. The resident printed					
	very clearly, "cowboy	y picture" pointing to the					
	television. CNA #1 i	mmediately said, "She wants					
	the television channe	el to remain on the channel					
	that has cowboys on	it." As quickly as the				ĺ	
	extreme outburst beg	gan, it ended and the				ĺ	
	resident rose her rigi	ht hand to high five everyone					

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY MPLETED		
		495286	B. WING		0.	C 4/18/2019
	ROVIDER OR SUPPLIER VER CONVALESCENT	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 675	daughter wrote it on to keep the channel channel." On 4/18/19 at 10:30 conducted with the stated the resident on 4/15/19 with a neprevious stroke with per information from ST stated she though resulted in left sided evaluation dated 4/1 had severe impairm moderate intelligibilinormal limits meani words together. What 12:10 p.m. was ethe goal was to increase fails and the repen and pad of papreduce frustration a well as a communic where this information was related in the ST screen i	It said, "Oh that's right, her is a piece of paper and told us on 75 which is a cowboy It a.m., an interview was speech therapist (ST). She was screened and assessed ew stroke, but had a history of a some expressive aphasia in the resident's daughter. The ght the most recent stroke is weakness. The ST in 15/19 indicated the resident ent in articulation with entry, but the fluency was within ing that she could put several entry the episode from 4/17/19 explained to the ST, she stated ease articulation, but when all sident becomes frustrated, a er was necessary in order to and have her needs met, as ation board. When asked on was written because it was an ing evaluation, or how the exped to the nursing staff she exit I do, the rehabilitation er that information with the exit to have her needs met. She morning meetings especially there the resident resided is and evaluations are shared as and the MDS nurse, along	F 67	75		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	NO _		(3	
		495286	B. WING			04/	18/2019	
	ROVIDER OR SUPPLIER	CENTE		5-	TREET ADDRESS, CITY, STATE, ZIP CODE 40 ABERTHAW AVENUE IEWPORT NEWS, VA 23601			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 675	with reading the the would reveal the nei interventions. The Sexpectation that oncompleted, the char Director of Nursing (what is needed for promunication boar write to avoid times resident cannot vertically stated once every will update the care re-evaluation 4/18/1 conducted shortly at educated the reside slow her speech rate exaggerate sounds intelligibility. The every communication wan was an alternative in case of communication wan was an alternative in case of communication was conducted the DON and the Astoperations (ADNO) without any information nursing staff to have aforementioned situ with either a communication could have better for the resident During the debriefing and ADNO on 4/18/18/18/18/18/18/18/18/18/18/18/18/18/	rapy notes, thus the care plan ed with goals and of stated it was her see the evaluation is ge nurse, therapy head and (DON) be made aware of satients care; in this case a rd, paper and pen if able to of frustration when the sally communicate her needs. Erything is completed, nursing plan. She presented a 9 at 3:15 p.m. that was feer this interview that int on strategies on how to be, increase intensity and over to increase speech aluation included provision of rd, pad and pen to increase ts and needs and that this neans to communication in	F	675				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495286	B. WING				C 18/2019
	ROVIDER OR SUPPLIER VER CONVALESCENT C	CENTE		54	TREET ADDRESS, CITY, STATE, ZIP CODE 40 ABERTHAW AVENUE IEWPORT NEWS, VA 23601		10.20.10
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758 SS=D	Auxiliary Aids for Per- 1/30/13 indicated the ensure effective com- be evaluated to ident benefit from auxiliary staff would assist tho impairments in obtain to ensure they are ab- communication. The are not limited to: cor flashcards, alphabet boards, telecommuni Free from Unnec Psy CFR(s): 483.45(c)(3) §483.45(e) Psychotro §483.45(c)(3) A psyc affects brain activities processes and behav- but are not limited to, categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a compreheresident, the facility n §483.45(e)(1) Reside psychotropic drugs a	dures titled "Providing sons with Disabilities" dated necessary provisions to munication. Residents would ify is there would be a aides and services. Facility se residents with speech ning the necessary services ble to achieve effective se services may include, but imputer, typewriter, boards, communication cation devices, notepad, etc. rchotropic Meds/PRN Use (e)(1)-(5) popic Drugs. hotropic drug is any drug that is associated with mental vior. These drugs include, drugs in the following		758	DEFICIENCY)		5/17/19
	(ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a compreheresident, the facility no §483.45(e)(1) Reside psychotropic drugs a unless the medication	ents who have not used re not given these drugs					
	§483.45(e)(2) Reside	ents who use psychotropic					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495286	B. WING			C 4/18/2019	
	ROVIDER OR SUPPLIER VER CONVALESCENT C			STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 758	Continued From page	e 42	F 75	58			
	behavioral intervention	n effort to discontinue these					
	psychotropic drugs p unless that medication	ursuant to a PRN order in is necessary to treat a ondition that is documented					
	are limited to 14 days §483.45(e)(5), if the a prescribing practition appropriate for the Pl beyond 14 days, he of	RN order to be extended or she should document their ent's medical record and					
	drugs are limited to 1 renewed unless the a prescribing practition the appropriateness of	rders for anti-psychotic 4 days and cannot be attending physician or er evaluates the resident for of that medication. is not met as evidenced					
	Based on clinical recand facility document to ensure a PRN (as medication (Ativan) of and failed to re-evaluappropriateness of the resident (Resident #8 survey sample who we needed) psychotropic.	e medication for one 84) of 46 residents in the vas receiving a PRN (as		1. Resident #84 has been reby the physician and the PRN psychotropic medication has bediscontinued. 2. The Director of Nursing/operformed an audit of all resid receiving PRN psychotropic moto ensure the 14-day stop date followed or the physician has rationale for continuance past. The physician was made away orders lacking the required stop.	designee has lents nedications e has been documented 14 days. re of any		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER VER CONVALESCENT C	ENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE)	D BE	(X5) COMPLETION DATE
F 758	Continued From page was limited to 14 day an evaluation of Resi psychotropic medicat not document the rati resident's medical rec. The findings included Resident #84 was ad Diagnosis for Resident limited to *Vascular Diagnosis for Resident limited to *Vascular Diagnosis for Resident with a possible 15 indicating impairment. In addition, the MDS under section "E" (Be #84 for exhibiting phy directed towards other The resident was also symptoms not directed section (E0800), for the behavior occurred under section (E0900 for this type behavior Resident #84's comp documented resident related to use of psycosome of the goals se	s. The physician did not do dent #84 to extend the ion passed 14 days and did onal and duration in the cord. : mitted to the facility 3/01/19. In the sementia with behavior ent #84 included but not rementia with behavior ent #84's MDS with an one Date (ARD) of 03/08/19. If BIMS score of 02 out of a green cognitive with an ARD of 03/08/19, thaviors), coded Resident resical and verbal behaviors ers 1-3 days each week. In coded for other behaviors and toward others. Under rejection of care was coded to 1-3 days each week and toward others. Under rejection of care was coded to cocurring daily. The physician did not do not do not did no	F 75	DEFICIENCY)	and by nee PRN ervice nted n past se will of all ch or the for	
	from ordered medicate negative effects from Some of the interventing goal include observing signs/symptoms of ta	will achieve desired effect tions, and will have no medication use as ordered. tion to manage the resident's g and reporting rdive dyskinesia, complete				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495286	B. WING		C 04/18/2019	
	PROVIDER OR SUPPLIER	CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		1 04/10/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 758	care with mental heaphysician order and Medication Regimer The physician Order included the followir 1. Ativan 0.5 mg tall every 8 hours startir following target behavestlessness, physic combativeness and 2. Ativan 2 mg/ml ir intramuscular as netake by mouth or sufor the following targerestlessness, physic combativeness and The March 2019 Med Records (MAR's) eventher resident was adming by mouth on the 11:18 a.m., 03/28/19 at 11:43 p.m. The April 2019 Med Records (MAR's) eventher esident was adming to the resident was admingly mouth on 03/27/19 Review of Resident note dated 03/26/19 -Nature of Presentir recertification and recomorbidity.	alth professional per Consulting Pharmacist n Review at least monthly. The Sheet (POS) for April 2019 ng orders: Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion. Delet by mouth as needed ng on 03/03/19 for the aviors: inconsolable cally abusive, agitation, delusion.	F 758			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495286	B. WING		C 04/18/2019	
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F 758	note since last exam	reness. No recent behaviors	F 75	3		
	Nursing (DON) on 04 p.m. The DON state antipsychotic medical days then must be repsychotropic." He sanot being re-evaluate. The facility administrating during a briefi approximately 5:25 present any further in The facility policy title (VHS) Standing Ordenot include antipsych prescribed on a PRN	aducted with the Director of 1/18/19 at approximately 4:55 d, "I was aware the PRN tion was good for only 14 evaluated but not the aid the PRN psychotropic are ad after 14 days. ation was informed of the ang on 04/18/19 at 1.m. The facility did not afformation about the findings. and Virginia Health Services are (Revised on 12/15/17) did notropic medications basis are limited to 14 days the rational and duration on				
	problems with reason memory and other th brain damage from in brain (https://www.mayocli ascular-dementia/syr	•				

	IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED			
		495286	B. WING		C 04/18/2019	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		1 04/10/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	D.4TE	
F 761 F 761 SS=D	§483.45(g) Labeling of Drugs and biologicals labeled in accordance professional principle appropriate accessor instructions, and the applicable. §483.45(h) Storage of \$483.45(h)(1) In according to the personnel to have accessor instructions, and the applicable.	of Drugs and Biologicals as used in the facility must be with currently accepted as, and include the yand cautionary expiration date when of Drugs and Biologicals ordance with State and dility must store all drugs and compartments under proper yand permit only authorized cess to the keys. cility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and yand other drugs subject to	F 76		5/17/19	
	package drug distribu quantity stored is min be readily detected. This REQUIREMENT by: Based on general ob facility, staff interview medications were sto currently accepted pr of 9 facility medicatio The facility staff failed (Latanoprost) was rei	the facility uses single unit ution systems in which the nimal and a missing dose can is not met as evidenced eservation of the nursing as, the facility failed to ensure ared in accordance with rofessional principles in 1 out in carts. If to ensure one eye drop moved from medication cart (M). The eye drops in its		 The eye drop, Latanoprost, was discarded, according to the facility medication destruction policy on April 12019. The staff were reeducated on the requirement of disposing of medication after the use by date. The Director of Nursing/designee performed inspection of all medication carts, refrigerators, and medication roo 	nas	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS. C	ITY, STATE, ZIP CODE	1 04/	10/2019	
				540 ABERTHAW AVI				
JAMES RI	VER CONVALESCENT C	ENTE		NEWPORT NEWS				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	/IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 761	Continued From page	· 47	F 7	61				
	original box had an open do not use date after The findings included			dated approp their expiratio 3. The Direct	medications have been riately and discarded upon and/or use by date. ctor of Education/designe			
	on 11/27/09. Diagnos but not limited to *Gla Minimum Data Set (a an Assessment Refer 02/07/19 coded Resid possible score of 15 of	ginally admitted to the facility sis for Resident #41 included ucoma. Resident #41's in assessment protocol) with ence Date (ARD) of dent #41 with a 15 out of a on the Brief Interview for , indicating no cognitive		Labeling and Biologicals. T was not limite policy Storage Medications, discarding med. The Direct perform week of the medical	ed RNs and LPNs on Storage of Drugs and the in-service included, build to, a review of the facilities and Expiration Dating of as well as, the protocol for edications. ctor of Nursing/designee tally inspections for six week tition refrigerators, medicant carts, and medication	ty's f or will eks		
	medication cart on Ur Nurse (LPN) #2 was inspection of the med (Lantanoprost) was of drops were stored in the box was an open not use after 04/04/19 #2, "How long is the esolution 0.005%) good LPN stated, "It is good The surveyor asked, be stored inside the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied to the nexpiration time has la "Absolutely not, it should be applied t	d for once opened." The d for 30 after being open." 'Should the eye drops still nedication cart after the psed" she replied, ould not be on the medication or being opened." The LPN ould have been removed		are dated who expired. The will identify ar report to the 0	s to ensure all medication en opened and have not Director of Nursing/design ny patterns or trends and Quality Assurance and Improvement Committee y.	nee		
	Nursing (DON) on 04. p.m. The DON stated doing the 5 rights price	/18/19 at approximately 5:02 d, "All the nurses should be or to administering a resident e DON said the charge						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		495286	B. WING		04/18/2019	
	ROVIDER OR SUPPLIER	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	, 2	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 761	daily behind the flood He said the charge is expired medications. The facility administ finding during a brie approximately 6:25 present any further in the facility's policy the Administration Guide 09/08/17). -Medication Administration administration, the machinistration for proper the MA medication label. If discontinued, outdate medication for proper the word of the store it at room above 25°C) and us when you are not us bottle in the outer caffrom light (www.drug). Definitions: *Latanoprost is used the eye due to glaud other eye diseases (https://www.webmod	pecting the medication cart requires as a double check, nurses should catch any left on the medication cart. Tration was informed of the fing on 04/18/19 at co.m. The facility did not information about the findings. The facility did not information about the fin	F 76			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495286	B. WING			C 04/18/2019	
	ROVIDER OR SUPPLIER	T CENTE		STREET ADDRESS, CITY, STATE, ZIP CO 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	DE	0 11 101 20 10	
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F 761 F 825 SS=D	Continued From participating in any programs pursuant the Act. This REQUIREME by: Based on observastiff specialized rehabilitative service participating in any programs pursuant the Act. This REQUIREME by: Based on observastaff and resident in review, the facility is specialized rehabilitated to physical pathology, occupated the participating and intellect lesser intensity as required in the residence of the facility much should be a program of the participating in any programs pursuant the Act. This REQUIREME by: Based on observastaff and resident in review, the facility is specialized rehabilitative of the participating in any programs pursuant the Act.	age 49 ad.com/drugs). ecialized Rehab Services 1)(2) ad rehabilitative services. on of services. bilitative services such as but cal therapy, speech-language cional therapy, respiratory illitative services for mental cual disability or services of a set forth at §483.120(c), are dent's comprehensive plan of	F 76	:1	nas or o pad and ailable to the	5/17/19	
	Resident #440, a n had difficulty at tim to the nursing staff facility staff failed to	ewly admitted stroke resident, es communicating her needs (expressive aphasia). The censure speech therapy appropriate communication		difficulty expressing needs to staff. 2. The Director of Clinical Therapy Services/designee performed an audit of all res speech therapy case load to communication needs are m	o nursing Operations for has idents on ensure their		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495286	B. WING _			04/) 18/2019
NAME OF PE	ROVIDER OR SUPPLIER	100200		STREET ADDRESS, CITY, STATE, ZIP C	CODE	1 04/	10/2019
				540 ABERTHAW AVENUE	.022		
JAMES RIV	VER CONVALESCENT C	ENTE					
				NEWPORT NEWS, VA 23601			
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F 825	Continued From page	∋ 50	F8	325			
	devices as needed ar nursing staff. Failure in the nursing staff. Failure in the nursing staff's frommunication device communication to and to avoid episodes of or the findings included. Resident #440 was an on 4/12/19 with a diaghistory of cerebral infasided hemiplegia. The resident's Minimulassessment was not on the treatment of the treatmen	and relayed information to the to take these steps resulted failure to provide alternate es to foster appropriate d from the resident in order distress and frustration. I: I dmitted to the nursing facility gnosis of atrial fibrillation and arction (stroke) with left I m Data Set (MDS) due. I care plan dated diffied the resident had the quality of life related to a definite the resident indicated do not experience adverse sion or new environment. The aches that addressed the communication in order to a safe environment and any deficits she had as a continuous made of Resident meeds.		appropriate communication provided to the resident if r 3. The Director of Clinical Therapy Services/designed reeducated Speech Therapy Assessing Residents□ Need Appropriate Communication in-service included but was identification and assessme with episodic communication conveying the findings to n 4. The Director of Clinical Therapy Services/designed weekly audits for six weeks residents on speech theraph to ensure each resident's in communication needs are if needed the appropriate of devices are provided. The Clinical Operations for The Services/designee will iden patterns or trends and report Quality Assurance and Per Improvement Committee a quarterly.	needed. al Operations e has pists on eds for on Devices. The second limited ent of reside on needs an oursing. al Operations e will perform as of all oby's case loa ondividual assessed, an communication director of orapy ontify any ort to the formance	The to ents d	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD			، ا	c
		495286	B. WING				18/2019
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0 11	10/2010
14ME0 D	N/ED 0010/41 E00ENT	OFNITE		5	40 ABERTHAW AVENUE		
JAMES R	IVER CONVALESCENT	CENTE		N	IEWPORT NEWS, VA 23601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 825	several attempts, a sapproached the resident was to want what this surboard, but no one wasked the group, "Do communication board literally ran to the nu approximately 5 min communication sheet pictured items and le continued with her fresident motioned acquestion was asked write?" One of the st sheet of paper, gaveresident tried to write continued behaviors.	d not understand her after second and third staff dent due to the residents ese persons were not able to lent as she kept repeating the nd over "a couple of danager, Licensed Practical ed the resident several times wanted and the same phrase resident. The resident began haking her head from sided to riolently and screaming as a she cried with tears face. Three more times the land others surrounded the what she wanted to no avail. Esident into her room as the line same aforementioned ent pointed to this surveyor and motioned to come to her. Las approached she appeared the last sure why. This surveyor loses she use a d?" The Unit Manager rise's station and returned	F	825			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(2	X3) DATE S COMPL	ETED
		495286	B. WING _			C 04/1	8/2019
	ROVIDER OR SUPPLIER	CENTE	'	STREET ADDRESS, CITY, STATE, ZIP C 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	;ODE		
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F 825	clipboard placed the was prompted to pri the staff. The reside "cowboy picture" po #1 immediately said channel to remain o cowboys on it." As outburst began, it en her right hand to hig CNA #1 said, "On thit on a piece of paper channel on 75 which on 4/18/19 at 10:30 conducted with the stated the resident on 4/15/19 with a neprevious stroke with per information from ST stated she though resulted in left sided evaluation dated 4/1 had severe impairm moderate intelligibility normal limits meaning words together. What 12:10 p.m. was enthe goal was to increase fails and the repen and pad of paper educe frustration at well as a communic where this information was related, "That is not where the said, "That is not where the said, "That is not where the communic well as a communic was related to the said, "That is not where the said, "That is not where the said, "That is not where the communication was related to the said, "That is not where the said, "That is not w	esident. The resident took the paper on the clipboard and nt what she was trying to tell ent printed very clearly, inting to the television. CNA, "She wants the television in the channel that has quickly as the extreme inded and the resident rose in five everyone with smiles. The arm told us to keep the in is a cowboy channel." a.m., an interview was speech therapist (ST). She was screened and assessed ew stroke, but had a history of some expressive aphasia in the resident's daughter. The intit the most recent stroke	F8				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		TE SURVEY MPLETED
		495286	B. WING			C 4/18/2019
	ROVIDER OR SUPPLIER VER CONVALESCENT (STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		4/10/2019
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	(X5) COMPLETION DATE		
F 825	director stated the State resident needed nursing staff in order also said during the ron the skilled unit who results of screenings with nurse managers with reading the there would reveal the need interventions. The State completed, the charge Director of Nursing (I what is needed for pacommunication board write to avoid times or resident cannot verboards will update the care pre-evaluation 4/18/19 conducted shortly afted educated the resider slow her speech rate	p.m., the rehabilitation I should have shared what to communicate with the to have her needs met. She morning meetings especially were the resident resided and evaluations are shared and the MDS nurse, along apy notes, thus the care plan d with goals and I stated it was her we the evaluation is we nurse, therapy head and DON) be made aware of atients care; in this case a d, paper and pen if able to of frustration when the ally communicate her needs. rything is completed, nursing plan. She presented a of at 3:15 p.m. that was wer this interview that at on strategies on how to , increase intensity and over	F 8.	,		
	communication board communication want was an alternative m case of communication on 4/18/19 at approximaterview was conduct the DON and the Ass Operations (ADNO), without any information ursing staff to have	luation included provision of d, pad and pen to increase s and needs and that this eans to communication in				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(>	(X3) DATE SURVEY COMPLETED		
		495286	B. WING _				C 18/2019
	ROVIDER OR SUPPLIER VER CONVALESCENT C	ENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	·	<u> </u>	
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F 880 SS=D	pencil. The Administrativation could have obetter for the resident. During the debriefing and ADNO on 4/18/18 p.m., no further informative exit. The policy and proced Rehabilitation Services the facility will obtain services if residents rehabilitative services speech-language pat and health rehabilitative illness and mental retresident's comprehent infection Prevention & CFR(s): 483.80(a)(1). §483.80 Infection Conthe facility must estatinfection prevention adesigned to provide a comfortable environmed development and trandiseases and infection program. The facility must estating and control program of a minimum, the follow §483.80(a)(1) A systematical sys	cication tool or pad and rator stated, "I think that definitely been handled it's sake as well as safety." with the Administrator, DON at approximately 6:00 nation was provided prior to dures titled "Specialized es" dated 4/6/05 indicated and provide appropriate equire specialized is such as physical therapy, hology, occupational therapy ion services for mental ardation as required in the isive plan of care. A Control (2)(4)(e)(f) Introl blish and maintain an and control program a safe, sanitary and ment and to help prevent the insmission of communicable ins. Drevention and control blish an infection prevention (IPCP) that must include, at		880			5/17/19

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(XX	B) DATE SURVEY COMPLETED
		495286	B. WING			C 04/18/2019
	PROVIDER OR SUPPLIER	CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601	I	04/10/2013
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F 880	and communicable d staff, volunteers, visit providing services un arrangement based us conducted according accepted national states \$483.80(a)(2) Writter procedures for the procedures infections before the procedures in the facility (ii) When and to who communicable disease reported; (iii) Standard and tranto be followed to previously when and how is communicable disease reported; (iii) Standard and tranto be followed to previously when and how is communicable diseased in the procedure for the pro	iseases for all residents, ors, and other individuals der a contractual upon the facility assessment to §483.70(e) and following undards; In standards, policies, and ogram, which must include, Illance designed to identify pole diseases or or can spread to other; Im possible incidents of the or infections should be used for a possible incident of the isolation, and the isolation, and the isolation, agent or organism of the isolation should be the ble for the resident under the sunder which the facility the es with a communicable kin lesions from direct as or their food, if direct the disease; and a procedures to be followed rect resident contact.	F 88			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	10/2019
				540 ABERTHAW AVENUE		
JAMES RI	VER CONVALESCENT C	ENTE		NEWPORT NEWS, VA 23601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 880	Continued From page	e 56	F 88	80		
		le, store, process, and to prevent the spread of				
	§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, facility documentation review the facility failed to implement appropriate infection control practices during medication administration for 1 (Resident #42) of 46 residents in the survey sample. The facility staff failed to discard a pill that was dropped on Resident #42's bed during medication observation. The License Practical Nurse (LPN) placed the pill in the resident's left hand; the pill fell on the residents bed. The nurse retrieved the pill off of the bed with her bare hand and placed the pill in the resident's left hand. Resident #42 consumed the pill with a sip of water.			 Resident #42 was assessed at without negative outcome. LPN #1 re-educated on appropriate infection control practices during medication administration. The Director of Nursing/design performed five medication administration. 	was on nee has	
				observations of LPN #1 to ensure adherence to appropriate infection practices during medication administration. 3. The Director of Education/desi has reeducated RNs and LPNs on	control	
	The findings included			Medication Administration. The in- included, but was not limited to,	service	
	Resident #42's current Minimum Data Set (MDS), an admission assessment with an Assessment Reference Date (ARD) of 02/08/19 coded the resident a 10 out of a possible score of 15 on the			re-educating nurses on proper infection control during administration of medications.	CUON	
		ntal Status (BIMS) that		The Director of Nursing/design perform five random medication administration observations weekly		
	approximately 4:28 p following medications	n observation on 04/16/19 at m. LPN #1 pulled the from the medication cart for n 81 mg (milligram)tablet,		weeks to ensure adherence to apprint infection control practices during medication administration. The Direction Nursing/Designee will identify any page 15.	ropriate ector of	

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	ROVIDER OR SUPPLIER VER CONVALESCENT C	CENTE		STREET ADDRESS, CITY, STATE, ZIP COL 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		10/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 880	100 mg. The LPN we #42's bedside, elevat placed all three pills i resident turned her had the pill out of landing at her left siding resident's bed by using the missing pill under LPN was not wearing the pill from the bed under the pill in the resident resident took the pill. Little pill drops out of a place of the pill in the resident resident took the pill. Little pill drops out of a place of the pill in the resident resident took the pill. Little pill drops out of a place of the pill in the resident resident took the pill. Little pill drops out of a place of the pill in the resident observation. The surveyor really sure, I do not have not realize giving the dropped in the bed we have a place of the pill in the pil	ong tablet and Metoprolol ent to Resident teet the head of the bed, then in the residents hand. The and to the side and her her hand, falling on her bed e. The LPN searched the ing her right hand feeling for the resident's left side; the gloves. The LPN removed using her bare hand, placed it's left hand, then the The resident replied, "That my hand all the time." Inducted with LPN #1 on The surveyor asked, "What in done with the pill once it esident's bed doing the on on 04/18/19 at 4:28 or. The LPN stated, "I'm not ave an answer." The LPN e done something else, I did resident her pill after it was as wrong." Inducted with the Director of inv. 18/19 at approximately 2:33 sked, "What is your nurses if they drop a pill in hille doing their medication teed, "I expect for the nurse to on, use hand sanitizer then administered."	F 88	or trends and report to the Quassurance and Performance Improvement committee at le	-	

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F 880	Continued From page	e 58	F 880			
	The facility's policy til Hygiene (Revision 03	cled Infection Control-Hand 3/22/18).				
F 925			F 925	;	5/17/19	
SS=E	CFR(s): 483.90(i)(4)	•				
	program so that the f rodents. This REQUIREMENT	n an effective pest control acility is free of pests and is not met as evidenced				
		•		There was no evidence of roacher the time of the inspection, therefore no corrective action could be taken to address the complaint. Facility staff of the contraction of the importance of	10	
	The findings included	l:		reeducated on the importance of maintaining an effective pest control program.		
	current resident, filed survey and certification indicated cockroacher room, bathroom on the Although the complain via telephone, the restated during an intentate that the complainant were in the bathroom others in the room are Resident #80 was ad on 3/16/18 with diagr	volved Resident #80, a a complaint to the State on agency dated 3/4/19 that es were seen in the resident's ne floors and ceilings. nant could not be reached sident was interviewable and rview on 4/17/19 at 8:50 a.m. showed him the roaches that and stated he had seen and throughout the facility. mitted to the nursing facility noses that included kidney essure history of stroke and		2. The Administrator/designee will inspect facility and continue to review control logs to ensure maintaining of effective pest program. Any variance identified will be addressed immediat 3. Administrator/designee will reed facility staff on maintaining an effective pest control program. The in-service included but not limited to the policy of pest control and the procedure to conthe pest control company for services needed. 4. The Administrator/Designee will inspect the facility and pest control loweekly for six weeks to ensure facility	an ely. ely. ucate ve on otact s as	

		IDENTIFICATION NI IMBED:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 925	(MDS) assessment wand coded the reside possible 15 on the Br (BIMS) status which intact with the cognitis making. On 4/16/19 at 11:00 atour, an interview wa #4. Resident #4 was 07/28/18. Resident #5 Set (MDS), a quarter 01/11/19 coded the rout of a possible 15 of Mental (BIMS) status impairment with the smaking. Resident #4 stated the the building, especial bed. She stated she would not be shut, but surveyors to know in roaches. During the group mewith five residents that units stated there we in the showers and we throughout the building had a company in to	recent Minimum Data Set vas a quarterly dated 3/6/19 ent with a score of 14 out of a rief Interview for Mental indicated the resident was ve skills for daily decision a.m., during the orientation is conducted with Resident is admitted to the facility on each of the session with a date of esident with a score of 13 on the Brief Interview for is which indicated no cognitive skills for daily decision are were lots of roaches in ally at night crawling under her hoped the facility doors at she just wanted the order to help get rid of the eting on 4/17/19 at 9:30 a.m. at represented several facility are large water bugs/roaches were seen periodically and they sure the facility spray for bugs.	F 92	maintaining an effective pest program. The Administrator, identify any patterns or trend to the Quality Assurance and Performance Improvement Cleast quarterly.	/designee will Is and report I		
	company routinely or the building's kitchen	a biweekly basis services					

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		495286	B. WING			C
NAME OF PROVIDER OR SUPPLIER JAMES RIVER CONVALESCENT CENTE				STREET ADDRESS, CITY, STATE, ZIP CODE 540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601		
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F 925	targeted pest, "roache treatment is performe include bathrooms. To monthly sightings by through April 2019. On 4/18/19 at approx aforementioned resid bugs/roaches was she stated he was awareas, but they were control company in act treatments. At the exi 6:30 p.m., the Admini infection control polici indicated a part of the infections was throug	es." Some of the visits d in resident bedrooms to the GSM unit had recent staff from February 2019 imately 5:00 p.m., the ent concern about water ared with the Administrator. are of periodic problem treated by their current pest ddition to the biweekly t conference, 4/18/19 at strator presented an y dated 4/12/18 that e prevention and control of the pest control. No further ded prior to survey exit.	F9	25		